



PTO/SB/22 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 3415-056																									
In re Application of Skladnev, et al.																											
Application Number 09/807,097	Filed April 6, 2001																										
For APPARATUS FOR RECOGNIZING TISSUE TYPES																											
Group Art Unit 3742	Examiner FUQUA, Shawntina T.																										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$ 950.00</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17 (a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ A small entity statement under 37 CFR 1.27:</p> <table><tr><td><input type="checkbox"/></td><td>is enclosed.</td></tr><tr><td><input type="checkbox"/></td><td>has already been filed in this application.</td></tr><tr><td><input type="checkbox"/></td><td>A check in the amount of the fee is enclosed.</td></tr><tr><td><input type="checkbox"/></td><td>The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td></tr><tr><td><input checked="" type="checkbox"/></td><td>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1730. I have enclosed a duplicate copy of this sheet.</td></tr></table> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>February 27, 2003 Date</p> <p> Signature Allen I. Rubenstein, Reg. No. 27,673 Typed or printed name</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 950.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ _____	<input type="checkbox"/>	is enclosed.	<input type="checkbox"/>	has already been filed in this application.	<input type="checkbox"/>	A check in the amount of the fee is enclosed.	<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1730. I have enclosed a duplicate copy of this sheet.
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____																									
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____																									
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 950.00																									
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____																									
<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ _____																									
<input type="checkbox"/>	is enclosed.																										
<input type="checkbox"/>	has already been filed in this application.																										
<input type="checkbox"/>	A check in the amount of the fee is enclosed.																										
<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.																										
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1730. I have enclosed a duplicate copy of this sheet.																										

RECEIVED

MAR 08 2004

TECHNOLOGY CENTER R3700

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

03/04/2004 EHAILE1 00000136 071730 09807097

01 FC:1253

950.00 DA